STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

MAY 08 2019

PLEASE PRINT

I. Name of Lobbyist(s) Dawn M	/IcKinney	·	DEPARTMENT OF STA		
П. Name of lobbyist's partnership	, firm or corporation, if an	y:			
New Hampshire Legal	Assistance				
	p, firm or corporation)	· ·	· · · · · · · · · · · · · · · · · · ·		
117 North State Street	Concord	` NH ,	03301		
Business Address: (Street)	(Town/City)	(State)	(Zip Code)		
() <u>603-224-4107</u> (Telephone)	() 603-224-2053	B _{e-mail} dmckinne	ey@nhla.org		
(Telephone)	(Fax)				
III. This statement covers: (Choose reportable expense transactions w	hich are not attributable to	any one client).			
	Client as it appears on the Lob				
All reportable transactions by the unrelated to any particular client. IV. Date of Report April 24, 20	ng X	July 31, 2019 🗍	firm listed below which are		
	registration to 3/31/19	activity from 4/1/19 to 6/30/19			
October 30, activity from 7/		January 29, 2020 [] activity from 10/1/19 to 12/31/	19		
V. There have been no fees rece If this box is checked, complete just t Concord, NH 03301.					
VI. Check if additional reports are					
If you have received fees or mad			•		
☐ If you have paid an honorarium of Expense Reimbursement	or reimbursed expenses, you	must file Addendum B-Rep	oort of Honorariums or		
If you, your firm, or your family	has made political contribu	tions, you must file Addendu	m C- Political Contributions		
Sworn Statement/Affirmation by I I have read RSA 15, RSA 15-B, RSA and complete to the best of my know (Signature of lobbyist) Dawn McKinney (Print Name of lobbyist)	14-C and RSA 664 and he	reby swear or affirm that the fo			

PLEASE PRIN

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)



I. Name of Lobbyist(s)	Dawn McKinney			
II. Name of lobbyist's partn	ership, firm or corporation,	if any:		
	v Hampshire Legal Assistance			
(Name of partne	rship, firm or corporation)			
III. Name of Client	N/A	Da	ite	·····
to lobbying, including fees for including research, monitoring reduced by any expenses:	l fees received from the client id services such as public advocacy legislation, and related legal w	y, government relatio vork. The gross fee	ns, or public r amount repor	elations service ted shall not b
a) Total of all fees received in	this reporting period	a) \$]	0	
	is calendar year, prior to this repo I of all prior monthly reports for t		0	
c) Total of all fees received to (Add lines a and b)	date .	c) \$ _	0	
d) Indicate the amount of any yet been paid	such fees that are due, but have n	ot d) \$	0_	
fees. Separate reports are to be the lobbyist(s)/firm that are used the lobbyist(s)/firm that are used the lobbyist are to be reported in during the reporting period for individual expenses where the lunch where the cost was \$25.0 being lobbied, purchase of a cost (c) an itemized statement of ea any purpose not covered by (coremonial object to be given restaurant expenses for a legicontributions will be reported to	hips, firms, or corporations are re- be filed for expenditures made re- nrelated to any one client a sep- n one of three categories of exp- r salaries, benefits, support staff- expenditure was of \$25.00 or le- 00 or less, purchase of a pen with- eremonial object given to a perso- ch individual expenditure made da- a) (for example: purchase of a re- to the subject of lobbying with slative reception). Expenses for on separate addendums and should are this reporting period for salaries	eative to each client a parate report may be enses: (a) the aggre, and office expenses as (for example: mean a value of less than n being lobbied with uring this reporting period with value of g a value greater than honorariums, expend not be reported on As, benefits,	nd if expenditude filed for the gate total of a st; (b) the aggrals purchased of \$10 that is given a value of \$25 eriod of greate reater than \$2 \$25, but not gate reimbursen Addendum A.	lobbyist(s)/firmall expenses pail egate total of a during a busines went to the perso 5.00 or less); and than \$25.00 for than \$25.00 for greater than \$500 greater than \$500 greater than \$500 for the second s
support staff, and office expenses b) Total aggregate of expendit	ses, related directly or indirectly tures during this reporting period	o lobbying. a) \$		871.41
in a), of \$25 or less.	1°		*	.0
ci lotal of all itemized expend	litures reported in detail in section	. v. υ/. υ/. υ/. υ/. υ/. υ/. υ/. υ/. υ/. υ/		

d) Total expenses for this reporting period	d) \$(\rho_1 \times 1/1.4/
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f)\$6,871.41
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
My	5/2/19
(Signature of lobbyist)	(Date)
Dawn McKinney	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	ann Nic	KINNELY	
II. Name of lobbyist's parts			<u> </u>
III. Name of Client			Date
Political Contributions For each political contributi client/lobbyist and lobbying			er 664 paid on behalf of the
Full name of candidate:	(Last Name)	U	(Middle Name/Initial)
Amount of contribution \$ <u>\\ \(\)</u>	10-	Office Candidate is	Seeking State Sent
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is :	Seeking
If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	ibution on the line above	description of the goods for amount of contribut	s or services provided, and enter the tion. If the actual cost is not known,
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial) Seeking

If the contribution is an in-kind contribution, provide a descrip actual cost of the in-kind contribution on the line above for am enter an estimated value and the word "estimate."	
If were then the constitution and the constitution of the constitu	
If more than three contributions were made, report additional contrib Sworn Statement/Affirmation by Lobbyist	outions on separate addendum C forms.)
have read RSA 15, RSA 15-B and RSA 664 and hereby	swear or affirm that the foregoing information
s true and complete to the best of my knowledge and bel	• •
DMM	5/2/19
(Signature of lobbyist)	(Date)
DAWN MCKINNEY	
(Print Name of lobbyist)	

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